

If you have a disability and require accommodations, or if you are applying to take the Aesthetics or Electrology examination, please see the back of this form for information concerning a model.

☐ Cosmetology ☐ Manicure ☐ Aesthetician ☐ Instructor ☐ Electrology

This application must be completed in proper form and submitted with the \$30.00 examination fee.

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Board to take disciplinary action.

| | |
|-----------------------|--------------|
| Applicant's Signature | Today's Date |
|-----------------------|--------------|

| | | |
|--------------------------|-------------------------|-----------------------|
| Application Date _____ | Exam Date _____ | Receipt # _____ |
| Written Core Score _____ | Written Law Score _____ | Practical Score _____ |
| Student ID # _____ | Practitioner ID # _____ | License # _____ |

REQUEST FOR ACCOMMODATION

The Arkansas State Board of Cosmetology complies with the American with Disabilities Act of 1990. To assure equal opportunity for all qualified persons, the board will make reasonable accommodations for candidates having certain physical or mental impairments that might affect their ability to take the licensing examination.

1. Do you have a physical or mental impairment that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing) _____ Yes _____ No
2. Will these impairments require special accommodations in order for you to complete the written examination? _____ Yes _____ No
3. If yes to either of the above, clearly describe the special accommodations needed. You may use the back of this form if necessary. _____
4. You must provide written documentation from an appropriated health care professional supporting the accommodations you request. Certain requests may require Board approval and will be set for its review at the next scheduled regular meeting of the Board. The documentation must include a diagnosis of your physical or mental impairment and a specific recommendation and justification for the examination accommodations you request. The Board will not pay for any costs you incur in obtaining the required professional diagnosis and recommendation. However, it will pay for any reasonable accommodations that it provides you during testing.

MODEL REGISTRATION FORM

A live model is required for the aesthetics and electrology practical examination. A model must agree to submit to all phases of the examination and cannot be associated with the profession as a student, instructor, or licensee. A model will be permitted in the exam facility only during the practical examination and will not be allowed to participate in any way during the examination. No talking, coaching (in any form) or questioning will be allowed between the candidate and the model, or between the model and the examiners.

You must provide your model's information and have your model sign where indicated below in order to be scheduled for examination. Your model will also be required to provide identification upon entering the exam facility on the examination date.

Model's Information:

Name: _____

Address: _____

Telephone number: _____ Social Security No. _____

Relationship to candidate: _____

I, _____, (name of model) acknowledge that I have read these instructions and agree to abide by them, as well as to submit to the aesthetics examination for _____ (name of exam candidate). I am not in any way associated with the aesthetics profession and will not provide any assistance to this candidate during the examination. I acknowledge my understanding that it is not permissible for me to talk with the candidate or the Board examiners during the examination and doing so will result in my dismissal from the exam facility. My role in the examination will simply be to provide the mechanism needed for the candidate to demonstrate his/her knowledge of the aesthetics procedures that is necessary to determine if he/she qualifies for licensure by the State Board of Cosmetology.

Signed _____ Date _____